

Sylk Care Ltd

Sylk Care

Inspection report

9 King Edward Street
Macclesfield
SK10 1AQ

Tel: 01625424211

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sylk Care is a domiciliary care service that provides care and support to 25 people living in their own homes.

People's experience of using this service and what we found

Governance processes were not always effective in the monitoring of training and assessing staff competencies. Not all staff had received the mandatory training required to support people safely. Staff competencies in relation to moving and handling and medication administration were not assessed in line with the providers policies.

Safe recruitment policies were in place however, they needed to be more robust and appropriate references needed to be obtained.

There was limited feedback from people who used the service to allow the provider to assess the effectiveness of the support they provide.

People's care and support needs were personalised and were reflected in their care plans. These were reviewed in line with the services policy.

Staffing levels were appropriate and people received the support from a consistent staff team.

No concerns were raised by people who used the service and their relatives. People were happy with the support they received and felt safe from abuse.

Accidents and incidents were reported and appropriate actions taken with the oversight from management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 10 October 2020 and this is the first inspection.

The last rating for the service at the previous premises was good, published on 4 December 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sylk Care on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to governance. The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Sylk Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The service was inspected by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 26 April 2023 and ended on 05 May 2023. We visited the location's office on 26 April 2023.

What we did before the inspection

We reviewed information we had received about the service.

We used information gathered as part of monitoring activity that took place on 23 January 2023 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke to 4 people who used the service, 2 family members and 5 staff members including the registered manager. We reviewed 3 people's care files, 3 staff recruitment files and a variety of records relating to the management of the service and their policies.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had completed mandatory safeguarding training prior to commencing employment. Staff's knowledge of safeguarding was explored during the interview process. A staff member told us "When I was having my interview, they [management] asked me a question on it, think they were testing I had basic knowledge." The registered manager told us new staff completed the care certificate in line with their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. However this was completed over a period of time which meant those who had only just commenced employment had yet to receive this training and those who had been working for numerous years had not had a refresher course.
- Staff competency in relation to moving and handling was not regularly assessed in line with the providers policy. This meant people were at risk of unsafe moving and handling. This was fed back to the registered manager at the time of the inspection who informed us, time is set aside for staff to complete regular training and the competency assessments formed part of their induction process.
- Staff were aware of their role and responsibility to safeguard people.
- People felt safe and supported, 1 person told us, "I feel safe when they are using the hoist."

Staffing and recruitment

- Safe recruitment processes were not always being followed, references for one person had not been obtained. This was discussed with the registered manager who told us this was due to having difficulties in obtaining the references.
- There was a consistent staff team which allowed for continuity of support.
- Feedback from people on staff punctuality was mixed, 1 person told us, "They [staff] are not always on time, but I can't expect it."

Using medicines safely

- Systems that were in place to assess staff training and levels of competencies to administer medication were not robust. Not all staff had received specialist training required to safely administer some medication. A staff member informed us "I was shown on the job what to do and then the next time the staff watched me do it."
- Not all staff had their competency to administer medicines assessed in line with best practice guidance. This meant there was a risk that medicines could be administered by staff that did not have the skills to do so safely.

These concerns were discussed with the registered manager who told us, all staff completed shadow shifts

prior to commencing support and a skills facilitation form is completed to assess competencies. Staff we spoke to were not aware they had been assessed.

- Medication administration records were in place which allowed for safe recording of medication administered.

Assessing risk, safety monitoring and management

- Risk assessments were in place and detailed the support required to ensure care was provided safely and in line with people's wishes.
- People were assessed before support was commenced to ensure the provider could meet their needs. This included obtaining information from other professionals involved to ensure a holistic approach was provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- Action plans following incidents were implemented and signed off by the registered manager when completed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff did not always have the mandatory training required to ensure people were supported safely. However the registered manager informed us all new employees completed shadow shifts prior to supporting people independently which enabled them to observe support being provided.
- Staff were provided access to people's care plans prior to commencing support, to enable them to have an overview of the support required and individual needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people required support with meal preparation, staff ensured their nutritional needs were met and people were provided with an appropriate diet.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed effectively, care plans were detailed and personalised. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.
- Staff delivered care in line with best practice guidance.

Staff working with other agencies to provide consistent, effective, timely care, Supporting people to live healthier lives, access healthcare services and support

- People were offered support when attending health appointment's.
- Staff worked with other agencies and medical? referrals were made in a timely manner.
- The registered manager told us they had a good working relationship with other professionals which improved communication and ensured people received appropriate care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service is working in line with the Mental Capacity Act, appropriate capacity assessment and best interest processes were in place.

Is the service caring?

Our findings

CCaring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans reflected people's choice and their diverse needs.
- People had a consistent staff team which allowed for professional relationships to develop, 1 person told us, "They [staff] are very adaptable, very kind, very sweet and lovely people, I am incredibly grateful to them [staff]."
- Relatives were happy with the support their loved ones received, 1 relative told us, "I have made friends with them, they are good company."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care plans, one person told us, "I had a full review 6 months ago, they retyped up all the stuff and put it in the booklet. They [staff] discuss things with you, they are very good like that."
- People's care plans incorporated how best to support them. One person told us, "They [staff] are very good at helping me, agreeing on different time slots."

Respecting and promoting people's privacy, dignity and independence

- People said they were treated kindly and with respect. Staff were aware of how to respect people's dignity and promote their independence and recognise the importance of giving people choices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always know how long their support call was, 1 person told us, "I don't know how long they [staff] are supposed to come for, think it maybe 30 minutes each time, depends what they do." Records provided to inspectors identified shortfalls in time supported, management were trying to address this with care staff.
- People were involved in their care planning. There was a system in place to ensure all care plans were reviewed every 3 months or when a change was needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Detailed communication support plans were in place, they were personalised to the people who used the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider worked with other services to achieve best outcomes for people, this included sourcing a day centre placement for 1 person to prevent social isolation and improve their wellbeing.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place, the provider had only received one complaint in the last year and there was evidence actions were taken by the registered manager.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of the inspection. Previously they provided support to people receiving end of life care, the registered manager informed us they had received compliments on the support they provided.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems in place for the oversight and monitoring of people's care planning was not always effective. It had failed to identify changes in one person's medication within their risk assessment. This was brought to the registered managers attention and was rectified immediately.
- Systems to ensure staff had undertaken appropriate recruitment checks were in place, however, these needed to be more robust as references for 1 person had not been sought.
- There was no clear quality assurance systems in place to record and monitor the training records and competency assessments of staff, this meant not all staff had received their annual training and had their competency assessed in relation to manual handling, medication and safeguarding.
- Not all people were aware of how to make a complaint, 1 person told us, "I haven't needed to raise a complaint, I wouldn't have a clue how, I would google it." However another person said, "I can speak quite openly with management in the office and they take it on board and they try to do their best to rectify the situation."
- Not all staff were aware of the whistle blowing policy and did not feel confident in raising a complaint, 1 staff member told us, "I feel like it would be an awkward situation raising a concern with management but I do raise little concerns."

The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Supervision records viewed were task based and lacked personal details. There was little evidence staff were given opportunity to reflect on their own roles.
- We were not assured feedback was sought from people who used the service, due to limited evidence provided. This meant the provider was not able to assess the effectiveness of the support they provided.
- Staff meetings were held which provided opportunity for information to be shared with staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The managers were receiving training in relation to a new system which they informed would allow for

more oversight of processes and effective monitoring which will hopefully alleviate some of the concerns found during this inspection.

- People were positive about the support they received, 1 person told us, "They [staff] are brilliant, they [staff] are all lovely."
- Staff were happy with the support they received from management 1 staff member informed us, "They [staff] are more than welcoming, I had a very warm welcome, very kind people, more than I was expecting."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their roles and responsibilities in accordance with reporting safeguarding incidents.
- The registered manager understood their responsibilities under the duty of candour to be open and transparent about incidents. There was evidence incidents were investigated, and relevant people informed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>